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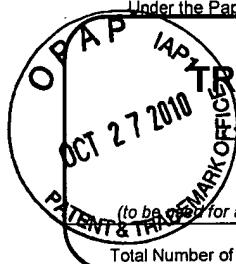
Document Description: Transmittal Letter

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

44

Application Number

10/676,045

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First Named Inventor

YARON ILAN

Art Unit

1644

Examiner Name

ZACHARY S. SKELDING

Attorney Docket Number

ENZ-63(CIP)

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input checked="" type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | PETITION TO ACCEPT UNINTENTIONALLY DELAYED CLAIMED PRIORITY CLAIM UNDER 35 USC 120 |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | EXHIBIT 3 - REFERENCE - 7 PGS |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | EXHIBIT 4 - REFERENCE - 1 PG |
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ENZO BIOCHEM, INC.		
Signature			
Printed name	ELIE GENDLOFF		
Date	OCTOBER 27, 2010	Reg. No.	44,704

CERTIFICATE OF TRANSMISSION/MAILING

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